

41  
10-30-00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>	<i>6284</i>	<i>9/15/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/12/00</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>10-27-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
1	✓
2	✓
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48	✓
49	✓
50	✓

Claim	Date
Final Original	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
51	N
52	N
53	N
54	N
55	N
56	N
57	N
58	N
59	N
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65	✓
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80	
81	
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83	
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86	
87	✓
88	✓
89	N
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98	
99	✓
100	N

Claim	Date
Final Original	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
101	N
102	N
103	N
104	N
105	✓
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118	✓
119	N
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149	✓
150	N

If more than 150 claims or 10 actions  
 staple additional sheet here

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